## OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

1700		FORM EXEMPT UNDER 44 U.S.C 3512	
2012	NOT:WE	RITE IN THIS SPACE	
4	Case	Date Filed	
	34-CA-10330(P)	01/02/03	

1. EMPLOYER A	GAINST WHOM CHARGE IS BROUG	SHT	
a. Name of Employer UNITED STATES POSTAL SERVICE		b. Number of workers employed 60	
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.	
89 Washington Street	Tom Sullivan	(860)240-1740	
Iartford, CT 06106	Station Manager	Fax No.	
f. Type of Establishment (factory, mine, wholesaler, etc.) Post Office	g. Identify principal product or service US Mail Delivery		
<ul> <li>The above-named employer has engaged in and is engaged and (list subsections) (3) and (4)</li> <li>and within the meaning of the Postal Reorganization Action</li> </ul>		meaning of section 8(a), subsections (1) of the National Labor Relations Act.	
2. Basis of the Charge (set forth a clear and concise state	ment of the facts constituting the allege		
(b) (6), (b) (7)(C) request for Union representation in the exercise of the rights guaranteed under Section	n and by threatening to send (1) (1) (1) (1)	atives, has, by denying employee home, intimidated and coerced employees	
On (b) (c) (c) (c) 2003, the above-named Employer, through the control of the con			
On (b) (6), (b) (7)(C) 2003, the above-named Employer, through in an off-duty (without pay) status because			
1			
	<1°		
By the above and other acts, the above-named employ rights guaranteed in Section 7 of the Act.	yer has interfered with, restrained, and c	oerced employees in the exercise of the	
3. Full name of party filing charge (if labor organization, gi (b) (6), (b) (7)(C)	ive full name, including local name and n	number)	
4a. Address (Street and number, city, state, and ZIP code)		4b. Telephone No.	
b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6). (b) (7)(C) Fax No.	
Full name of national or international labor organization by a labor organization)	of which it is an affiliate or constituent	unit Ito be filled in when charge is filed	
(b) (6), (b) (7)(C)  ove charge and to the column of the c	6. DECLARATION that the statements are true to the b	pest of my knowledge and belief.	
	(b) (7)(C)	INDIVIDUAL	
	(b) (1)(C)		
(0) (6),	(b) (7)(C) (fax) (b) (6), (b)	INDIVIDUAL  (Print/type name and title or office, if any)	

#### FORM EXEMPT UNDER 44 U.S.C. 3512

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE Date Filed

Case 34-CA-10343(P)

January 14, 2003

ST WHOM CHARGE IS BROUGHT	The Maria and the Control of the Con	
	b. Number of workers employed	
	160	
d. Employer Representative	- e. Telephone No.	
	(0.00) 0.00 0.00	
Gerald Ahearn, Plant M	lgr. (860) 292-3304	
g. Identify principal product or service	ce	
mail		
nfair labor practices within the meaning o abor Relations Act, and these unfair labo		
	abor practices)	
	4	
ed, and coerced employees in the exercise of the ri	ghts guaranteed in Section 7 of the Act	
ed, and coerced employees in the exercise of the ri ne, including local name and number)	ghts guaranteed in Section 7 of the Act	
ed, and coerced employees in the exercise of the rine; including local name and number)	ghts guaranteed in Section 7 of the Act	
ed, and coerced employees in the exercise of the rine; including local name and number)		
ed, and coerced employees in the exercise of the rine; including local name and number)	4b. Telephone No.	
ne, including local name and number)	4b. Telephone No.	
ed, and coerced employees in the exercise of the rine; including local name and number)	4b. Telephone No.	
ne, including local name and number)	4b. Telephone No.	
ne, including local name and number)	4b. Telephone No.	
ne, including local name and number)  It is an affiliate or constituent unit (to be file)	4b. Telephone No.  (DIGNO)7/C  led in when charge is filed	
ne, including local name and number)  It is an affiliate or constituent unit (to be file)  DECLARATION  The statements are true to the best of my	4b. Telephone No.  (DIGNO)7/C  led in when charge is filed	
ne, including local name and number)  It is an affiliate or constituent unit (to be file)  DECLARATION  The statements are true to the best of my	4b. Telephone No.  (DIGNO)7/C  led in when charge is filed	
ne, including local name and number)  It is an affiliate or constituent unit (to be file)	4b. Telephone No.  (D) (0) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	
DECLARATION The statements are true to the best of my	4b. Telephone No.  [6,6,7)(7)(2)  Iled in when charge is filed  when charge is filed	
ne, including local name and number)  It is an affiliate or constituent unit (to be file)  DECLARATION  The statements are true to the best of my	4b. Telephone No.  (DIGNO)7/C  led in when charge is filed	
DECLARATION The statements are true to the best of my  Title	4b. Telephone No.  SIGNOTAL  Iled in when charge is filed  r knowledge and belief.  An Individual	
DECLARATION The statements are true to the best of my	4b. Telephone No.  [0] (5) (0) (7) (2)  Iled in when charge is filed  when charge is filed  when charge is filed	
DECLARATION The statements are true to the best of my  Title	4b. Telephone No.  PIGLIDITIC  led in when charge is filed  r knowledge and belief.  An Individual	
	Gerald Ahearn, Plant M	

<sup>\*</sup>WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) cc:bd

FORM NLRB-501 (11-94)

#### TATES OF AMERICA UNITE NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

/ · P	FORM EXEMPT UNDER 44 U.S.C. 3512
DO NOT W	RITE IN THIS SPACE
Case	Date Filed
34-CA-10345	January 15, 2003

1. EMPLOY	ER AGAINST WHOM CHARGE IS BRO	UGHT	
a. Name of Employer.		b.	Number of Workers Employed
Spectrum Plastics/Div of Associated Spring/Barnes Group		70	)
c. Address (street, city, State, ZIP, Code)	d. Employer Representative		Telephone No. 03-736-5200
401 Birmingham Blvd Ansonia Ct 06401	Pierre Dziubina	20	Fax No.
		20	03-732-2075
f. Type of Establishment (factory, mine, wholesaler, etc.) Factory			
h. The above-named employer has engaged in and is engaging subsections) $8(a)3 & 8(a)4$ practices are unfair practices affecting commerce within the	of the Na		osections (1) and (list Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfall	labor practices.)	
			•
By the above and other acts, the above-named employer h guaranteed in Section 7 of the Act.	as interfered with, restrained, and coe	rced employees in	the exercise of the rights
3. Full name of party filing charge (if labor organization, give full	name, including local name and number)		
International Union UAW		146.4	Shark and Ma
4a. Address (street and number, city, State, and ZIP Code)			elephone No. 582-6485
247 Park St Bristol Ct 06010		F	ex No. 589-5511 860 - 589-5465
5. Full name of national or International labor organization of whi International Union UAW	ch it is an affiliate or constituent unit (to b	e filled in when charg	e is filed by a labor organization)
A EV Mediare that I have read the above charge	6. DECLARATION and that the statements are true to the	best of my knowle	dge and belief.
and Illiania		nternational Repr	
(Signature of representative or person making charge	9)	60 589-5511 (Ti	lle,if any)
247 Park St Bristol Ct 06010	860-582		Jan. 13, 2003
Address —		Telephone No.)	Date

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	1 2 100 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
DU NOT W	WRITE IN THIS SPACE		
Case	Date Filed		
34-CA-10368	January 29, 2003		

a Name of Employer		AGAINST WHOM CHARGE IS BROUGH	b. Number of workers employed	
a. Name of Employer Austum Power		30		
Alstom Power				
c. Address (Street, city, state, and	d ZIP codel	d. Employer Representative	e., Telephone No.	
Shelland Street		John Drennan	X 203 783 1040 Fax No.	
lford	CT		1203 183 1225	
f. Type of Establishment <i>lfactory</i> , power facility	mine, wholesaler, etc.	g. Identify principal product or service     providing electricity	ţ	
and (list subsections) (3)			aning of section 8(a), subsections (1) of the National Labor Relations Act,	
		ig commerce within the meaning of the Act.		
because had engaged in conc	erted activities with	aployer, by its officers, agents and repres other employees of said employer for the ourage employees from engaging in such	purpose of collective bargaining and	
		oyer has interfered with, restrained, and coe	rced employees in the exercise of the	
rights guaranteed in Section 7	of the Act.			
rights guaranteed in Section 7  3. Full name of party filing charge	of the Act.	oyer has interfered with, restrained, and coe		
rights guaranteed in Section 7  3. Full name of party filing charge	of the Act.			
rights guaranteed in Section 7  3. Full name of party filing charge	of the Act.			
rights guaranteed in Section 7 3. Full pame of party filing charge b) (6), (b) (7)(C)	of the Act. (if labor organization,	give full name, including local name and num		
rights guaranteed in Section 7 3. Full name of party filing charge 5) (6), (b) (7)(C) 4a. Address (Street and number, c	of the Act. (if labor organization,	give full name, including local name and num	aber)	
rights guaranteed in Section 7 3. Full name of party filing charge (b), (b) (r)(C) 4a. Address (Street and number, c	of the Act. (if labor organization,	give full name, including local name and num	4b. Telephone No. (b) (6), (b) (7)(C)	
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rights guaranteed in Section 7 3. Full name of party filing charge (6), (b) (7)(C) 4a. Address (Street and number, c. (6), (b) (7)(C)	of the Act.  (if labor organization,  ity, state, and ZIP cod	give full name, including local name and num	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.	
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rights guaranteed in Section 7 3. Full name of party filing charge b) (6), (b) (7)(C) 4a. Address (Street and number, c.) (6), (b) (7)(C)	of the Act.  (if labor organization,  ity, state, and ZIP cod	give full name, including local name and num	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.	
rights guaranteed in Section 7 3. Full name of party filing charge b (6), (b) (7)(C) 4a. Address (Street and number, c. (6), (b) (7)(C)  5. Full name of national or internal	of the Act.  (if labor organization,  ity, state, and ZIP cod	give full name, including local name and num  (b) (6), (b) (7)(C)  on of which it is an affiliate or constituent un	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.	
rights guaranteed in Section 7 3. Full name of party filing charge b (6), (b) (7)(C) 4a. Address (Street and number, c. (6), (b) (7)(C)  5. Full name of national or internativy a labor organization)	of the Act.  (if labor organization,  ity, state, and ZIP coduction)	give full name, including local name and num  (b) (6), (b) (7)(C)  on of which it is an affiliate or constituent un  6. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  it (to be filled in when charge is filed	
rights guaranteed in Section 7 3. Full name of party filing charge b) (6), (b) (7)(C) 4a. Address (Street and number, c. (6), (b) (7)(C)  5. Full name of national or internation and alabor organization)	of the Act.  (if labor organization,  ity, state, and ZIP cod	give full name, including local name and num  (b) (6), (b) (7)(C)  on of which it is an affiliate or constituent un  6. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  it (to be filled in when charge is filed	
rights guaranteed in Section 7 3. Full name of party filing charge b (6), (b) (7)(C) 4a. Address (Street and number, c.) (6), (b) (7)(C)  5. Full name of national or internation a labor organization)	of the Act.  (if labor organization,  ity, state, and ZIP code  ational labor organization  ne above charge acc.  (b) (6)	give full name, including local name and num  (b) (6), (b) (7)(C)  on of which it is an affiliate or constituent un  6. DECLARATION	4b. Telephone No.  (b) (6), (b) (7)(C)  Fax No.  it (to be filled in when charge is filed  .  t of my knowledge and belief.  Individual	
rights guaranteed in Section 7 3. Full name of party filing charge b (6), (b) (7)(C) 4a. Address (Street and number, c. (6), (b) (7)(C)  5. Full name of national or international by a labor organization)  (b) (6), (b) (7)(C) d the street and number, c. (c)	of the Act.  (if labor organization,  ity, state, and ZIP coduction)	give full name, including local name and nume (b) (6), (b) (7)(C) on of which it is an affiliate or constituent un  6. DECLARATION (that the statements are true to the beside) (7)(C)	4b. Telephone No.  (b) (6), (b) (7)(C)  Fax No.  it (to be filled in when charge is filed  .  t of my knowledge and belief.  Individual	
rights guaranteed in Section 7  3. Full name of party filing charge (b) (6), (b) (7)(C)  4a. Address (Street and number, c.) (6), (b) (7)(C)  5. Full name of national or international by a labor organization)  (b) (6), (b) (7)(C) d the street or representation of parts of the section 7.	of the Act.  (if labor organization,  ity, state, and ZIP code  ational labor organization  ne above charge acc.  (b) (6)	give full name, including local name and num  (b) (6), (b) (7)(C)  on of which it is an affiliate or constituent un  6. DECLARATION  that the statements are true to the bes  (b) (7)(C)	t of my knowledge and belief.  [Print/type name and title or office, if any	
rights guaranteed in Section 7  3. Full name of party filing charge (b) (6), (b) (7)(C)  4a. Address (Street and number, c. b) (6), (b) (7)(C)  5. Full name of national or internation a labor organization)	of the Act.  (if labor organization,  ity, state, and ZIP code  ational labor organization  ne above charge acc.  (b) (6)	give full name, including local name and nume (b) (6), (b) (7)(C) on of which it is an affiliate or constituent un  6. DECLARATION (that the statements are true to the beside) (7)(C)	t of my knowledge and belief.  [Print/type name and title or office, if any	

FORM NLR8-501 (11-94)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

		FORM EXEMPT UNDER 44 U.S.C. 3512
	DO NOT	WRITE IN THIS SPACE
Case		Date Filed

ı	NST	7)1	ICT	10	AIC.

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice

occurred or is occurring.		
1. EMPLOYER	against whom charge i	IS BROUGHT
a. Name of Employer		b. Number of Workers Employed
Yale University		7000+
c. Address (street city, State, ZIP, Code)	d. Employer Representati	ive e. Telephone No. 203-432-4444
P.O. Box 208365	Susan Hockfield	Fax No. (203-432-8031
f. Type of Establishment (factory, mine, wholesaler, etc.) University	g. Identify Principal Produ Education	ict or Service
The above-named employer has engaged in and is engaging in a subsections)     practices are unfair practices affecting commerce within the men	01	e meaning of Section 8(a), subsections (1) and (list if the National Labor Relations Act, and these unfair labor
Besis of the Charge (set form a dear and concise statement of		and unfallation are edges >
Within the six months preceding the filing of this charge, exercise of their section 7 rights by terminating them for	the employer has interfere	ed with, coerced and restrained its employees in the
By the above and other acts, the above-named employer has guaranteed in Section 7 of the Act.	a interfered with, restrained,	and coerced employees in the exercise of the rights
3. Full name of party filling charge (# labor organization, give full na	me, including local name and r	number)
GESO, the Graduate Employees and Students' Organizati		•
4a. Address (street and number, city, State, and ZIP Code)		4b. Telephone No.
425 College Street		203-624-5161
New Haven, CT 06511		Fex No. 203-776-6438
5. Full name of national or international labor organization of which	R le an affiliate or constituent u	
Hotel Employees & Restaurant Employees International	Union, AFL-CIO, CLC	
I declare that I have read the above charge an	6. DECLARATION and that the statements are true	ue to the best of my knowledge and belief.
an Usend allalah		Lead Organier, CFSO
(Signature of representative or person making charge)	<del></del>	(THE HEAD)
Address 425 College Street, New Haven, CT 06511		03-624-5161 February 24, 2003
		(Telephone No.) Date

### UNITED STATE OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

Case

34-CA-10420

NOT WRITE IN THIS SPACE Date Filed

3/10/03

	ER AGAINST WHOM CHARGE IS BROU	
a. Name of Employer Laidlaw Transit		b. Number of workers employed
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
4 Wilson Avenue		(203)855-1870
orwalk CT 06854		Fax No.
f. Type of Establishment <i>(factory, mine, wholesaler,</i> bus yard	etc.) g. Identify principal product or service bus service	e
h. The above-named employer has engaged in and is and (list subsections) 3 and these unfair labor practices are practices affe		of the National Labor Relations Act,
The above-named employer, by its officers, ager 2003 and suspended on about employer for the purpose of collective bargaining engaging in such activities.  The above-named employer, by its officers, ager 2003 and suspended on about (b) (6), (b) (7)(C) (7)(C) (6), (c) (7)(C) (7)(C) (7)(C) (7)(C) (7)(C) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	nts and representatives, issued a warning and other mutual aid and protection and and representatives, issued a warning and other mutual aid and protection and and representatives, issued a warning 2003 because of said employee's membrates engaged in concerted activities with the said engaged in c	to (b) (6), (b) (7)(C) on about (b) (6), (b) (7)(C), activities with other employees of said in order to discourage employees from to (b) (6), (b) (7)(C) on about (b) (6), (b) (7)(C), ership in and activities on behalf of ith other employees of said employer for
	nutual aid and protection and in order to d	iscourage employees from engaging in
By the above and other acts, the above-named e rights guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization)	employer has interfered with, restrained, and o	coerced employees in the exercise of the
By the above and other acts, the above-named english guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	employer has interfered with, restrained, and o ion, give full name, including local name and i	coerced employees in the exercise of the
rights guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP)	employer has interfered with, restrained, and o ion, give full name, including local name and o code)	coerced employees in the exercise of the
By the above and other acts, the above-named enghts guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organizate (b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP)	employer has interfered with, restrained, and o ion, give full name, including local name and i	coerced employees in the exercise of the number)  4b. Telephone No.
By the above and other acts, the above-named enrights guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP)	employer has interfered with, restrained, and of ion, give full name, including local name and of code)  b) (6), (b) (7)(C)	coerced employees in the exercise of the number)  4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.
By the above and other acts, the above-named enights guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization)  4a. Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  5. Full name of national or international labor organization)	employer has interfered with, restrained, and of ion, give full name, including local name and of code)  b) (6), (b) (7)(c)  ization of which it is an affiliate or constituent  6. DECLARATION and that the statements are true to the local control of the local co	4b. Telephone No.  (b) (6). (b) (7)(C)  Fax No.  c unit (to be filled in when charge is filed  best of my knowledge and belief.  an individual
By the above and other acts, the above-named enights guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization)  4a. Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  5. Full name of national or international labor organization)	employer has interfered with, restrained, and of ion, give full name, including local name and of code;  b) (6), (b) (7)(C)  ization of which it is an affiliate or constituent of DECLARATION	4b. Telephone No.  (b) (6). (b) (7)(c)  Fax No.  c unit (to be filled in when charge is filled

		(	
GPO : 1984 0 - 435-440 FORM NURB-501			FORM EXEMPT UNDER 44 U.S.C. 3512
(8-83) UNITED STATES OF AM			WRITE IN THIS SPACE
NATIONAL LABOR RELATIO		Case	Date Filed
CHARGE AGAINST EN	PLOYER	34-CA-10434	March 26, 2003
INSTRUCTIONS: File an original and 4 copies of this charge	with NLRB Regional Direct		
gractice occurred or is occurring.			
1. EMPLOYER AGAIN	ST WHOM CHARGE IS BE		
a. Name of Employer		6	. Number of workers employed
1) Hospital of St. Raphael 2) A	lramark, Inc.		
c. Address (street, city, state, ZIP code)	d. Employer Representativ		. Telephone No.
1) 1450 Chapel Street 2) 1450 Chapel St	26	niel Sullivan rc Vere	(203) 789-3520
New Haven, Ct. 06511 New Haven, CT	g. Identify principal produ	STEEL ST	(203) 867-5678
f. Type of Establishment (lactory, mine, wholesaler, etc.)	g. Identity principal produ	or or service	
Hospital	1) Patient Care	2) Managemen	Services
h. The above-named employer has engaged in and is engaging	in unfair labor practices		
and (list subsections)	CORE CON MAN TERMINA	and the second second second second	National Labor Relations Act.
and these unfair labor practices are unfair practices affecting			
2. Basis of the Charge (be specific as to facts, names, addresses,	plants involved, dates, plan	ses; etc.)	
Since on or about 3/03 The above	named employers c	reated a bosti	ke and hanassing
work environment by allowing the			
and creating a double standard fo			<b>(a)</b>
			The state of the s
Since on or about 000 /03 The abov	e named employers	retaliated aga	inat. (b) (6), (b) (7)(C)
for taking part in protected acti-	vity.	THE RESIDENCE VA.	
			(/b) /6) /b) /7)(C)
Since on or about 102 The above	e named employers r	etaliated agai	nst (b) (6), (b) (7)(C) $for$
taking part in protected acitivit	y by refusing	the opportunit	y to work on
the snow crew.			
(b) (6), (8,		//5V/6V	/b\/7\/C\
Since on or about 202 The above	e named employers	harassed (0)(0),	(b) (7)(C) by treatment
that is different from the other	employees relating	to permission	to leave early
and by refusal to give credibility	y to (b) (6), (b) (7)(c) s	tatments durin	g grievance
proceedings.			
Contact American and the second state of the second	Contract to a law		
By the above and other acts, the above-named employer has interfern Section 7-of the Act	ered with, restrained, and coe	rced employees in the	exercise of the rights guaranteed
3. Full name of party filing charge (if labor organization, give full	name, including local nam	e and number)	
Teamsters Local 443  4a. Address (street and number, city, state, and ZIP code)	<del></del>	Tan Tel	ephone No.
4a. Address (street and number, city, state, and zir code)		75. 16.	epitone No.
200 Wallace Street, New Haven Ct 06507		(203)	624-5185
5. Full name of national or international labor organization of w	hich it is an affiliate or cor	nstituent unit (to be fi	lled in when charge is like by
a labor organization)			
International Brotherhood of Teamsters:	ARI CIO		
I declare that I have read the above charge and that		ue to the best of r	ny knowledge and belief.
C- C	statements are ti		A support of the second of the second
6 Lendo M. Runniel		Business	Representative
(signalure of representative or person making charge)			(title il any)
Address 200 Wallace Street, New Haven, Ct Of	5511 (20	3) 624-5185	3/26/03
3.50.50		(Telephone No.)	(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT ce:bd (U. S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-501 (11-94)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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2095	6
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FORM EXEMPT UNDER 44 U.S.C. 3512

DO NOT WRITE IN THIS SPACE			
Case 34-CA-10449	Date Filed 4/3/03	194	

#### INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

	R AGAINST WHOM CHARGE IS BROUGHT	<u> </u>	
a. Name of Employer		b. Number of Workers Employed	
Ameriquest Mortgage Company		26	
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No. 203-225-6088	
4 Armstrong Road Shelton, CT 06484	Dee Bath	Fax No. 203-944-9542	
f. Type of Establishment (factory, mine, wholesaler, etc.) Mortgage Company	g. Identify Principal Product or Service Refinancing of houses		
h. The above-named employer has engaged in and is engaging subsections) (3)	in unfair labor practices within the meaning of S	ection 8(a), subsections (1) and (list: abor Relations Act, and these unfair labor	
practices are unfair practices affecting commerce within the r			
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor	practices.)	
By the above and other acts, the above-named employer is guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)			
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)  4a. Address (street and number, city, State, and ZIP Code)		4b. Telephone No.	
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)  4a. Address (street and number, city, State, and ZIP Code)			
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)  4a. Address (street and number, city, State, and ZIP Code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of whether the state of the state	name, including local name and number)  sich it is an affiliate or constituent unit (to be filled)  6. DECLARATION  e and that the statements are true to the best	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  In when charge is filed by a labor organization)  of my knowledge and belief.	
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)  4a. Address (street and number, city, State, and ZIP Code)  (b) (6), (b) (7)(C)	iname, including local name and number)  nich it is an affiliate or constituent unit (to be filled  6. DECLARATION e and that the statements are true to the best	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  In when charge is filed by a labor organization)	
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)  4a. Address (street and number, city, State, and ZIP Code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of where the charge (b) (6), (b) (6), (b) (7)(C)  By	iname, including local name and number)  nich it is an affiliate or constituent unit (to be filled)  6. DECLARATION  e and that the statements are true to the best	4b. Telephone No. (b) (6), (b) (7)(c)  Fax No.  In when charge is filed by a labor organization)  of my knowledge and belief.  (Title, if any)	

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

	LOUW EXEWL! DIADER 40 D'S C 3215	
DO NOT WR	TE IN THIS SPACE	
Case	Date Filed	
34-CA-10462	April 16, 2003	

INSTRUCTIONS:	34-CA-104	62 April 16, 2003
File an original and 4 copies of this charge with NLRB Regional D	irector for the region in which the alleged	unfair labor practice occurred or is occurring.
1, EMPLOYER AG	AINST WHOM CHARGE IS BROUGHT	
a. Name of Employer	b. Number of workers employed	
<ol> <li>Hospital of St. Raphael</li> <li>Ara</li> </ol>	amark Inc.	
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
1) 1450 Chapel St. 2)1450 Chapel St	t. 1) Daniel Sullivan	(203) 789-3520
New Haven, CT 06511 N. H. CT 0651		(203) 867-5678
1 Type of Establishment (factory, mine, wholesaler, etc.) Hospital		Management Service
h. The above-named employer has engaged in and is engaged and (list subsections) 3 & 4	ging in unfair labor practices within the	meaning of section B(a), subsections (1) of the National Labor Relations Act,
and these untair labor practices are untair practices affecting.  2. Basis of the Charge (set forth a clear and concise statement)		
Denied (b) (6), (b) (7)(c) light duty after RE: Involuntarily removal of in other protected concerted activity their behalf.  By the above and other acts, the above-named employer	rom regular work assignment of the value of	iled ULP charges on
rights guaranteed in Section 7 of the Act  3. Full name of party filing charge (if labor organization, give		· · · · · · · · · · · · · · · · · · ·
Teamsters Local 443		V- 19
4a. Address (street and number, city, state, and ZIP code)		4b. Telephone No.
200 Wallace St. New Haven, CT 0651	1	(203) 624-5185
5. Full name of national or international labor organization by a labor organization)	of which it is an affiliate or constituen	I unit (to be filled in when charge is filed
International Brotherhood of Teamste	rs AFLCIO	
I declare that I have read the above charge and I		usiness Representative (title if any)

Address 200 Wallace St. New Haven CT. 06511 (203) 624-5185

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GPO : 1984 0 - 435-

(8-83)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM	EXEMPT	UNDER	44 U	S.C.	3512

b. Number of workers employed

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
34-CA-10484	5/6/03	

INSTRUCTIONS:	File an original and 4 copies of this charge with NLRB Regional Director is occurring.	ector for the region in which	the alleged unfair labor
	1. EMPLOYER AGAINST WHOM CHARGE IS	BROUGHT	

a. Name of Employer

1) Hospital of St. Paphael 2) Aramark Inc.

1) Hospital of St. Raphael 2) Aramark, Inc.

d. Employer Representative e. Telephone No. (203) 789-3520 (203) 789-5678

New Haven, Ct 06511 New Haven, CT 065

1. Type of Establishment (tactory, mine, wholesaler, etc.)

c. Address (street city, state, ZIP code) 1) 1450 Chapel St. 2) 1450 Chapel St.

g. Identify principal product or service

h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 3 & 4 of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge (be specific as to lacts, names, addresses, plants involved, dates, places, etc.)

On about (b) (6), (b) (7)(C) 2002, issued a warning to (b) (6), (b) (7)(C) and since abut (b) (6), (b) (7)(C) 2002 denied overtime because when filed grievances and otherwise protested the Empployers failure to follow the collective hargaining agreement and because has cooperated with the Board in earlier filed charges.

On about (b)(6)(b)(7)(c) 2003, the Employers through (b)(6), (b)(7)(C) threatened with pysical agression because protested the Employer's retaliations for protected activities.

On about (b) (6), (b) (7)(C) 2003, the Employers placed (b) (6), (b) (7)(C) on probation because of protected concerted activites and because the Union filed ULP charges protesting removal from regular work assignment and on (b) (6), (b) (7)(C) 2002 (b) (6), (b) (7)(C) threatened (b) (6), (b) (7)(C) with discharge and issued warning.

By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights guaranteed in Section 7 of the Act

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

International Brotherhood of Teamsters Local 443

4a. Address (street and number, city, state, and ZIP code)

4b. Telephone No.

200 Wallace Street, New Haven, CT 06511

(203) 624-5185

Business Representative

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be lilled in when charge is filed by a labor organization)

International Brotherhood of Teamsters

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

(signature of representative or person making charge)

203) 634-5185

(title if any)

Address 200 Wallace Street
New Haven, CT 06511

(Telephone No.)

MENT

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

Case

NOT WRITE IN THIS SPACE Date Filed 34-CA-10490 5/13/03

unfair labor practice occurred or is occurring.  1 EMPLOYER	R AGAINST WHOM CHARGE IS BROUG	HT
a. Name of Employer Alstom Power		b. Number of workers employed
c. Address (Street, city, state, and ZIP code)  55 Shelland Street	d. Employer Representative  John Drennan	e. Telephone No. (203)783-1046 Fax No.
Milford CT 0646		(203)783-1225
f. Type of Establishment (factory, mine, wholesaler, etc. power plant	c./ g. Identify principal product or service electricity	
h. The above-named employer has engaged in and is en and (list subsections) and these unfair labor practices are practices affect		of the National Labor Relations Act,
On or about (b)(6), (b)(7)(C) the abové-named employed on (b)(6), (b)(7)(C) notified (c)(6), (c)(7)(C) of termination, because purpose of collective barganing and other mutual a activities.	er, by its officers, agents and representative engaged in concerted activities with	ves, notified (b) (6), (b) (7)(C) of layoff, and other employees of said employer for the
	~	
By the above and other acts, the above-named emprights guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization,		
(b) (6), (b) (7)(C)		
4a. Address (Street and number, city, state, and ZIP codb) (6), (b) (7)(C)	(6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.
<ol> <li>Full name of national or international labor organization)</li> </ol>	ion of which it is an affiliate or constituent until 6. DECLARATION	nit (to be filled in when charge is filed
34 5	that the statements are true to the bes	att mutyattan
(b) (6), (b) (7)(C)	(fax) (b) (6), (b) (7)	(Print/type name and title or office, if any)
Account the second seco	(Telepho	

**CHARGE AGAINST EMPLOYER** 

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INTERNET FORM NURS-501 UNITED STATES OF AMERICA (11-00) NATIONAL LABOR RELATIONS BOARD.

FORM EXEMPT UNDER 44 U.S.C. 5512

Date

(Telephone No.)

	DO NO	T WRIT	E IN THIS SPACE	<u> </u>	
Case			Date Filed		
34-CA	-1060	4	September	10,	2003

File an original and 4 copies of this charge with NLRB R occurred or is occurring.	Regional Director for t	the region in which	the alleged unfair labor practice
1. EMPLOYER A	GAINST WHOM CHARGE	IS BROUGHT	
a. Name of Employer	<del></del>		b. Number of Workers Employed
First Student, Inc. (independently and as agent of Trumbull,	, Comecticut Board of	Education)	80
c. Address (street, city, State, ZIP, Code)	d. Employer Represents	the	e. Telephone No.
3 Ricom Way. Providence, RI, 02909 and 81b Springhill Road, Trumbull, CT 06611	Thomas Secrest, Esq	•	(513) 419-3248 Fax No. (513) 684-1698
Type of Establishment (factory, mine, wholesaler, etc.)     School Bus Operation	g. Identify Principal Prod Public School Stude		rvices
h. The above-named employer has engaged in and is engaging in unit subsections) 8(a)3 and 8(a)5			(a), subsections (1) and (list slattens Act, and these unfair labor
practices are untain practices affecting commerce within the mean	ing of the Act.	A The Harminia Prince 1/4	MANUAL CITY DIGGS GAGE INDO
2. Bests of the Charge (set forth a clear and concise statement of the	e facts constituting the ale	ged unfair labor practice	<b>(2)</b>
to accomplish the fair assignhment of drivers, has refused to bargaining agreement and in making the work assignments, exercised their rights under the Act, and has refused to barg operators.	, has retaliated against	he employees indivi	dually and as a group because they
	,		
By the above end other acts, the above-named employer has in guaranteed in Section 7 of the Act.			es in the exercise of the rights
3. Full name of party filing charge (Viabor organization, give full name	e, including local name and	number)	
Local 1336, Amalgamated Transit Union, AFL-CIO			
4s. Address (street and number, city, State, and ZIP Code)			4b. Telephone No.
955 Connecticut Ave., unit 1227, Bridgeport, CT 06607			(203) 333-5544 Far No.
5. Full name of national or intermetional labor organization of which it is	a martifula az constituent		(703) 683-8616
Amalgamated Transit Union, AFL-CIO		प्रचार (१४२ छन्न सम्बन्धः का <del>जातका</del>	coverige to med by a labor organization)
	6. DECLARATION hat the statements are to	ue to the best of my ki	nowledge and belief.
or baldos teefor		(Douglas Tay	lor) Counsel
Growfine & Jaylor, 1727 King So Srt. 210, Alexa		No. (703) 683-861	
Address Storman Laylor, 1727 Tenig Sa Str. 210, Alex	( )	703) 683-7780	September 9, 2003

# NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT V	VRITE IN THIS SPACE	-
Case	Date Filed	-
34-CA-10605	9/10/03	

INSTRUCTIONS:
File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

a. Name of Employer	1. EMPI		h Number of workers ampleued
Lawrence Memorial Hospi	tal		b. Number of workers employed 800
and	***	3	800
<b>4</b> .14			
c. Address (Street, city, state, and	ZIP codel	d. Employer Representative	e. Telephone No.
Montauk Avenue		Joan Bennett	(860)442-0711
w London,	CT 06320	Director of Human Resources	Fax No.
f. Type of Establishment <i> factory, n</i>	nine, wholesaler, etc.)	g, Identify principal product or service	
h. The above-named employer has e	engaged in and is engaging in untair labor	r practices within the meaning of section 8(a), subsection	is (1)
and (list subsections) and these unfair labor practice	s are practices affecting commerce with	in the meaning of the Act.	of the National Labor Relations Act,
2. Casis of the Charge (set forth a	a clear and concise starement of the fac	ts constituting the alleyed unfair labor practices)	
**************************************	s, the above-named employer has int	terfored with, restrained, and sperced employoes in	the exercise of the rights guaranteed in
tion 7 of the Act.			the exercise of the rights guaranteed in
tion 7 of the Act.  3. Full name of party filing charge /	s, the above-named employer has int If labor organization, give full name, inclu		
tion 7 of the Act.  3: Full name of party filing charge /			the exercise of the rights guaranteed in
tion 7 of the Act.  3: Full name of party filing charge (b) (6), (b) (7)(C)	iil labor organization, give full name, inclu		
tion 7 of the Act.  3. Full name of party filing charge (b) (6), (b) (7)(C)  4a. Address /Street and number, cit	iil labor organization, give full name, inclu	luding local name and number!	· · · · · · · · · · · · · · · · · · ·
tion 7 of the Act.  3. Full name of party filing charge (b) (6), (b) (7)(C)  4a. Address (Street and number, cit	iil labor organization, give full name, inclu		4b Telephone No.
tion 7 of the Act.  3. Full name of party filing charge (b) (6), (b) (7)(C)  4a. Address /Street and number, cit	iil labor organization, give full name, inclu	luding local name and number!	4b. Telephone No. (b) (6), (b) (7)(C)
tion 7 of the Act.  3: Full name of party filing charge (b) (6), (b) (7)(C)  4a. Address (Street and number, cit (6), (b) (7)(C)	if labor organization, give full name, inclu y, state, and ZIP code)	luding local name and number!	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.
tion 7 of the Act. 3: Full name of party filing charge / (b) (6), (b) (7)(C)  4a. Address /Street and number, cit (6), (b) (7)(C)  5. Full name of national or internal	if labor organization, give full name, including the state, and ZIP code) ational labor organization of which it is a	(b) (6), (b) (7)(C)  an affiliate or constituent unit <i>Ito be filled in when charge</i> 6. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.
tion 7 of the Act.  3: Full name of party filing charge (b) (6), (b) (7)(C)  4a. Address (Street and number, cit. (6). (b) (7)(C)  5. Full name of national or internably a labor organization)	if labor organization, give full name, including the state, and ZIP code) ational labor organization of which it is a	(b) (6), (b) (7)(C)  an affiliate or constituent unit <i>Ito be filled in when charge</i> 6. DECLARATION	4b. Telephone No. (D) (6), (b) (7)(C)  Fax No.  is tiled  my knowledge and belief.
tion 7 of the Act.  3: Full name of party filing charge (b) (6), (b) (7)(C)  4a. Address (Street and number, cit (6), (b) (7)(C)  5. Full name of national or internaby a labor organization)	if labor organization, give full name, including the state, and ZIP code) ational labor organization of which it is a	(b) (6), (b) (7)(C)  an affiliate or constituent unit (to be filled in when charge	4b. Telephone No.  (b) (6), (b) (7)(C)  Fax No.  is filed  my knowledge and belief.  An individual
tion 7 of the Act. 3: Full name of party filing charge (b) (6), (b) (7)(C)  4a. Address (Street and number, cit. (6). (b) (7)(C)  5. Full name of national or international by a labor organization)	if labor organization, give full name, including the state, and ZIP code) ational labor organization of which it is a	(b) (6), (b) (7)(C)  an affiliate or constituent unit <i>Ito be filled in when charge</i> 6. DECLARATION	4b. Telephone No. (D) (6), (b) (7)(C)  Fax No.  is tiled  my knowledge and belief.

INTERNET FORM NLRB-501 (11-94)

FORM EXEMPT UNDER 44 U.S.C. 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT W	RITE IN THIS SPACE
Case	Date Filed
34-CA-10630	October 2, 2003

#### INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

occurred or is occurring.	Valori del di constanti di V		
	AGAINST WHOM CHARGE	IS BROUGHT	To a control of the c
a. Name of Employer MAGNANI MEDIA, INC.			b. Number of Workers Employed 64
c. Address (street, city, State, ZIP, Code)	d. Employer Representat	ive	e. Telephone No. 860-749-0713
P.O. Box 1318, 199 Moody Road, Enfield, CT 06083 and 5 Pearson Way, Enfield, CT 06083	Ginny Campbell		Fax No. 860-763-2786
Type of Establishment (factory, mine, wholesaler, etc.)     Factory	g. Identify Principal Produ Printing	act or Service	
h. The above-named employer has engaged in and is engaging in subsections) 8 (a)(3) practices are unfair practices affecting commerce within the mea	0		a), subsections (1) and (list ations Act, and these unfair labor
2. Basis of the Charge (set forth a clear end concise statement of	the facts constituting the alleg	ed unfair labor practices	s.)
Additionally nad worn a union button at the workplace the Respondent's plant during the Union's organizing cam.  As a remedy, the Union seeks a make whole remedy, incl.	plant. The alleged reason had never been warned o conference on June 3, 200 e and had confronted the I paign.	for the discharge, por r counseled for such 3, in support of the Respondent's agents	or performance, was a pretext for alleged poor performance prior to Union's petition (#34-RC-2035). at a captive audience meeting at
Act.			
By the above and other acts, the above-named employer has guaranteed in Section 7 of the Act.	interfered with, restrained, a	and coerced employed	es in the exercise of the rights
3. Full name of party filling charge (if labor organization, give full name	And refund the Soft reason declare in som	umber)	
Graphic Communications International Union, Local 74-	M, AFL-CIO		
4a. Address (street and number, city, State, and ZIP Code)			46. Telephone No. 203-288-6319
7 Falcon Crest Drive, North Haven, CT 06437-3301			Fax No.
5. Full name of national or international labor organization of which i	t is an affiliate or constituent u		203-407-4210 charge is filed by a Jabor organization)
Graphic Communications International Union, AFL-CIO		,	and go to soo by a read organization
Signature of representative or person making charge)  Gesmonde, Pietrosimone & Sgrignari, LLC, 312	Faura Fau	Attorney x No. 203-407-4210 03-407-4200	(Title,if any) 9/30/03
Ave., Hamden, CT 06518		(Telephone No.)	Date

INTERNET FORM NLRB-501 (11-94)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	PONTY EXEMPT UNDER 14 0,3.C. 331.
DO NOT	WRITE IN THIS SPACE
Case 34-CA-10700	Date Filed 12/5/03

1. EMPLOY	ER AGAINST WHOM CHARGE IS BROUGHT	10
a. Name of Employer		b. Number of Workers Employed
SEIDEL, INC		100
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No.
1883 THOMASTON AVENUE WATERBURY, CT 06704	HERMAN RITZENHOFF, PRESIDENT	203-757-7349 Fax No.
	1	203-757-9413
. Type of Establishment (factory, mine, wholesaler, etc.) MANUFACTURING	g. Identify Principal Product or Service ELECTROPOLISHING AND AMODIZE	NG
<ul> <li>The above-named employer has engaged in and is engaging subsections)</li> </ul>	in unfair labor practices within the meaning of Section 8(a	
practices are unfair practices affecting commerce within the	meaning of the Act.	
On or about 2003, the above-named employer because place engaged in concerted activities with the mutual aid and protection and in order to discour	r, by its officers, agents and representatives, term h other employees of the employer for the purpos age employees from engaging in such activities.	e of collective bargaining and
	~	
		or a
ly the above and other acts, the above-named employer h puaranteed in Section 7 of the Act.	as interfered with, restrained, and coerced employed	es in the exercise of the rights
. Full name of party filing charge (if labor organization, give full	name, including local name and number)	
o) (6), (b) (7)(C)		
a. Address (street and number, city, State, and ZIP Code)		4b. Telephone No. b) (6), (b) (7)(C)
b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
. Full name of national or international labor organization of whi		
	6. DECLARATION	
I declare that I have read the above charge	and that the statements are true to the best of my kn	
Alepher le House		FOR CHARGING PARTY
(Signature of appresentative or person making charge	Fax No. 203-656-1075	(Title,if any)
Address 2183 BOSTON POST ROAD, DARIEN, CT	06820 203-655-7905 (Telephone No.)	DECEMBER 5, 200
		Date

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

1	TOTAL ENGINEERING TOTAL STREET
NOT WI	RITE IN THIS SPACE
Case	Date Filed
34-CA-10721	12/23/03

1, EMPLOY	ER AGAINST WHOM CHARGE IS BROUG	HT
a. Name of Employer ALLEGHENY LUDLUM		b. Number of workers employed  Aprox, 40-50
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
271 RAILROAD HILL STREET 06708-4306	Jim Riotte	(203)756-741
WATERBURY CT 06108	Human Resources	Fax No.
f. Type of Establishment Ifactory, mine, wholesaler, factory Lance	creal manufacturing	vie steel
h. The above-named employer has engaged in and is and (list subsections) and these unfair labor practices are practices affe		neaning of section 8(a), subsections (1) of the National Labor Relations Act,
2. Basis of the Charge (set forth a clear and concise	statement of the facts constituting the alleged	unfair labor practices)
In or about (b) (6), (b) (7)(C), 2003, the above terminated (b) (6), (b) (7)(C) because engaged in porder to discourage employees from engaging in	protected concerted activities for the purpor	se of mutal aid and protection and in
By the above and other acts, the above-named enrights guaranteed in Section 7 of the Act.  3. Full name of party filing charge lif labor organization wayne Smith.  4a. Address (Street and number, city, state, and ZIP)	on, give full name, including local name and nu	
rights guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization Wayne Smith)  4a. Address (Street and number, city, state, and ZIP of (b) (6), (b) (7)(C)	con, give full name, including local name and number of the code.  (b) (6), (b) (7)(C)	4b. Telephone No. (b) (6). (b) (7)(C)  Fax No.
rights guaranteed in Section 7 of the Act.  3. Full name of party filing charge lif labor organization.  Wayne Smith  4a. Address (Street and number, city, state, and ZIP of the Color of	(b) (6), (b) (7)(C)  Eation of which it is an affiliate or constituent up  A MRS (CG)  6. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  nit (to be filled in when charge is filed
rights guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization)  4a. Address (Street and number, city, state, and ZIP of the Color)  5. Full name of national or international labor organization by a labor organization)  (b) (6), (b) (7)(c)  ead the above charge and the labor organization organization)	code)  (b) (6), (b) (7)(C)  (ation of which it is an affiliate or constituent u	4b. Telephone No. (b) (6). (b) (7)(C)  Fax No.  nit (to be filled in when charge is filed  2 \ 6 \ 200 \( \)  st of my knowledge and belief.  INDIVIDUAL
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